SUICIDE AMONG MIGRANTS: A COMPARATIVE STUDY BETWEEN ITALY AND PORTUGAL

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ABSTRACT

Through a definition of the migratory and suicide phenomena within Portuguese and Italian territories, an analysis of the data collected in Italy by Istat and some Portuguese news cases will be carried out to define the dimensions of the phenomenon and to define if the suicide phenomenon is more present among migrants or in the local population. Through a case study, i.e. that of the CPRs and the case of Musa Balde, the causes of suicide among migrants will be better defined, which will allow a proposal of a sociological autopsy to be carried out in the case of migrant suicide in European territory.

1. Introduction: problem definition

The condition of poverty experienced by migrants in Southern European countries thus generates their social exclusion and their being pushed to the margins of society itself. In particular, the starting question is: given their conditions of poverty and exclusion, are migrants at greater risk of suicide? Is there a prevention system? Are there studies on this subject or have none yet appeared? Is there scientific-social attention on them? Have studies on suicide evolved in the light of the strong globalisation that has characterised the past decades and in particular the last years of strong migration (from 2015 onwards for Southern Europe)?

2. Social determinants of health leading to suicide

Durkheim (1897) and his studies on suicide have, over time, remained the subject of study and empirical research, which, for the most part, have confirmed all the theories of the Epinal sociologist.

The importance of demographic data in the study of suicide thus emerges. Men tend to commit suicide much more than women, and in Portugal this trend would seem to be even more marked (Eurostat 2020 data). It will therefore be necessary to study the issue of migration gender: a markedly male migration will determine higher suicide rates, while more female migration will determine a tendency to commit suicide less.

In particular, different types of migration can be distinguished. Legal migrations, or those of people from the First or Second World, such as migrants and especially migrants from Eastern Europe, tend to take place in more dignified contexts than those who arrive, out of desperation and not without risk from the African continent. Italy and Portugal in particular have been crossed by two interesting phenomena. In the case of Italy, the illegal immigration of so-called 'illegal immigrants', mostly from so-called 'barges', who land on the coasts of Sicily, Lampedusa and southern Italy. These migrants arrive with nothing, often leading a life of expediency and in abject poverty, with very poor sanitary conditions and no access to public health in most cases, until they cross the border into other countries or until they settle in Italy (although this second hypothesis concerns only a small minority of them). Portugal, on the other hand, for the longest time been affected by migration from its former colonies, particularly Brazil, whose numbers are moderately large compared to the tiny Portuguese population. This migration, however, is in most cases legal and occurs through a visa issued by the appropriate offices. This is yet another type of migration that needs to be analysed in a different way.

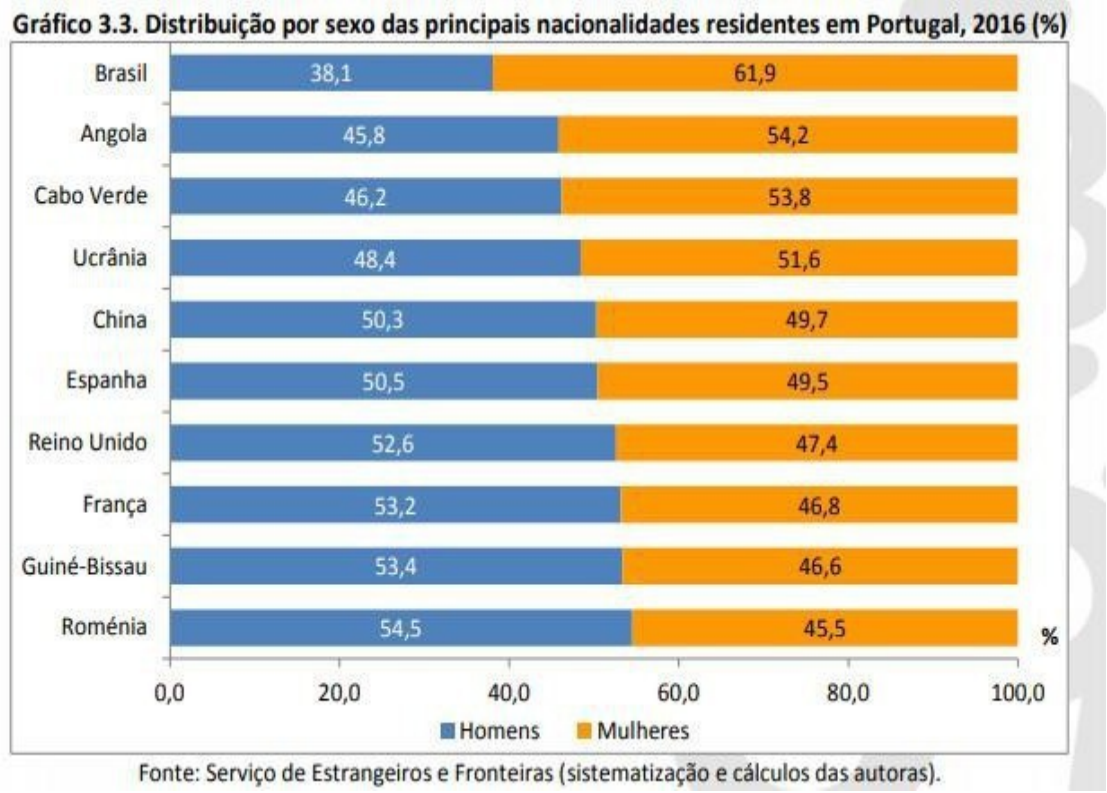


Figure 1: (Source: SEF, 2018)

In particular, with reference to figure 1, we can see that in Portugal, with regard to the above-mentioned migrations from Brazil, the majority of migrations are female. The phenomenon can be easily explained through the employment of these women, which is very often to take care of the elderly or the homes of local people. Migrations from Angola and Cape Verde, i.e. other former colonies from the dictatorial period, are also female - but less markedly so -. In contrast, migrations from China, Spain, and especially UK, France, Guinea Bissau and Romania are slightly masculine.

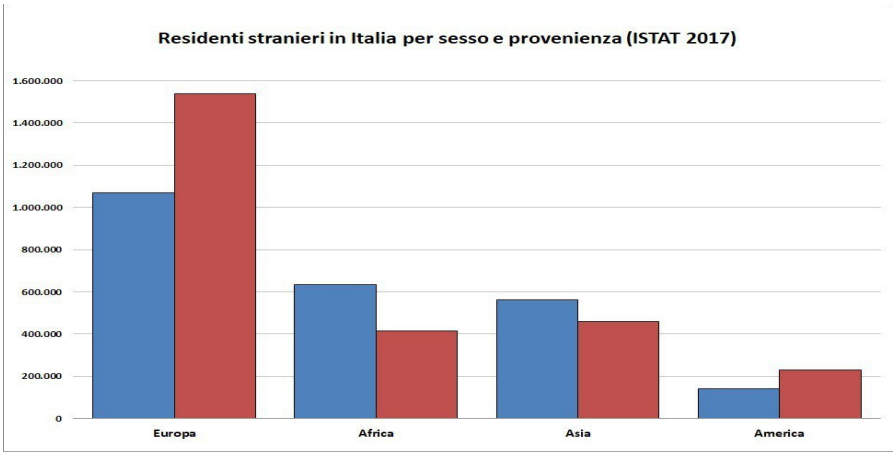
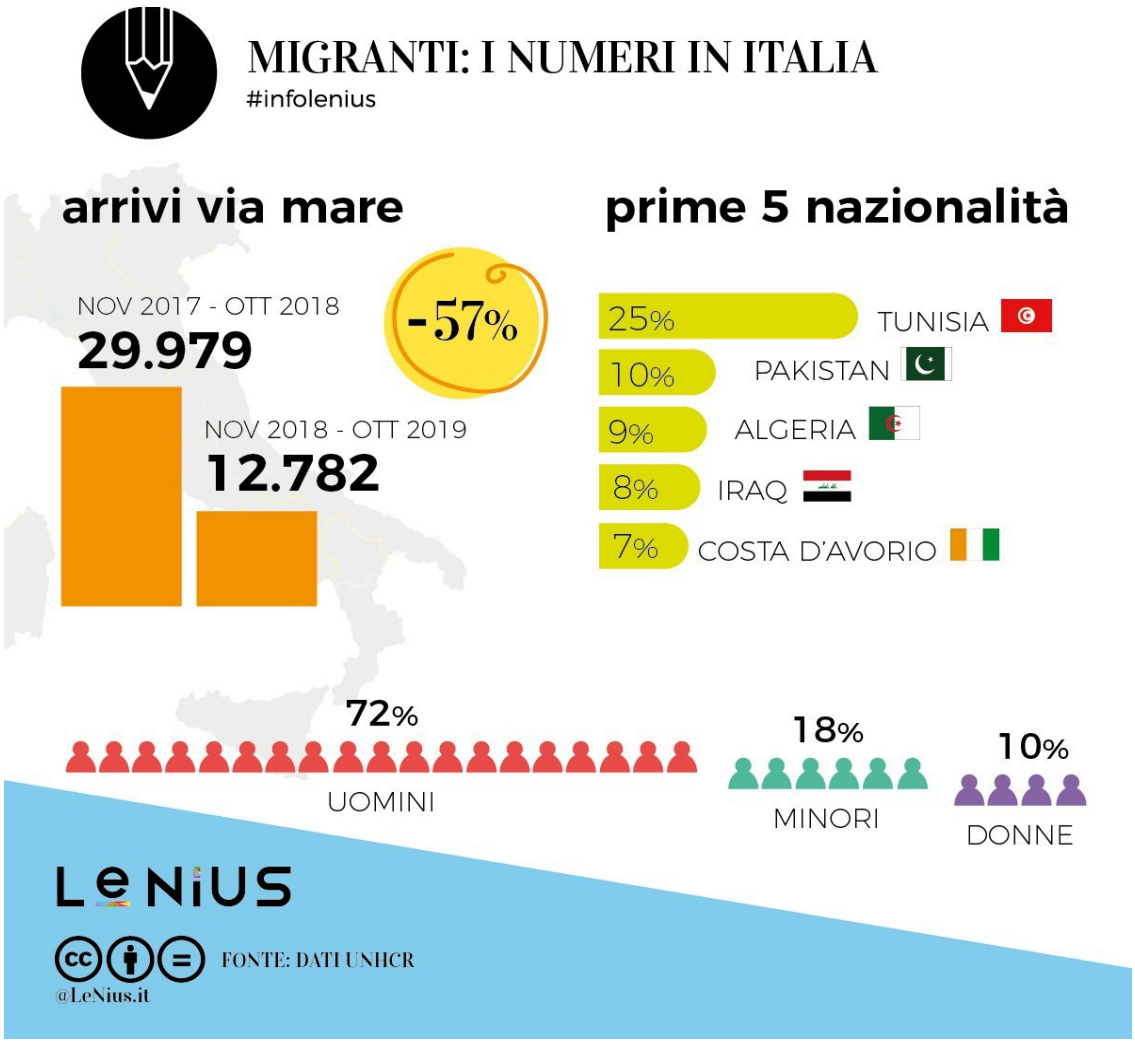


Figure 2: (Source: Istat, 2017)

With reference to Figure 3, it is also possible to observe the characteristics of migration from Africa, and in particular a reference to arrivals via makeshift boats travelling dangerously in the Mediterranean. Among them, more than nine out of ten migrants are men, both adults and minors, and only one in ten will be a woman. This is why this segment of the population, the migrant, African, and illegal ones, will be more prone to suicide: because of (also) their age factors.

On the other hand, with regard to immigration in Italy, we observe, in particular, as majority migrations those coming Europe, and with particular reference to Eastern Europe: Romania, Moldova, Bulgaria, Ukraine and Russia. These migrations, as can be seen from the graph (Figure 2, Istat 2017) are distinctly female.

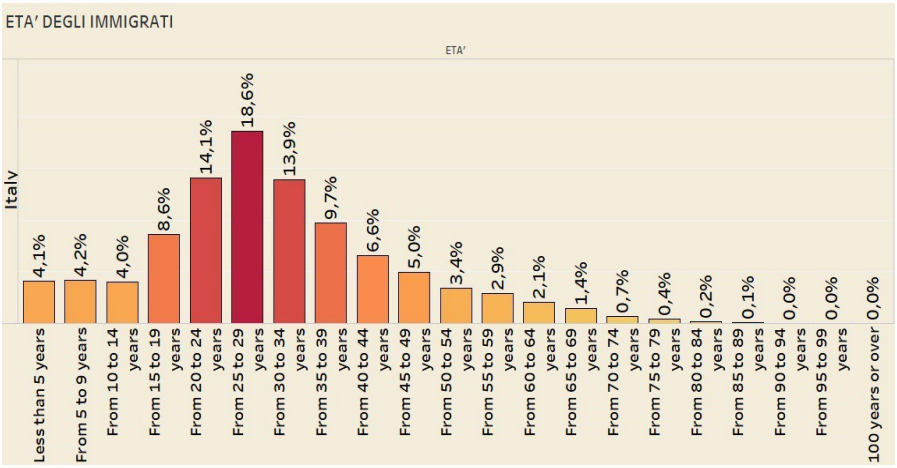
On the contrary, migration from Africa and Asia is more male, although there is a downsizing of the phenomenon in question. Almost marginal, on the other hand, is immigration from the Americas, which is, in any case, more female.



(Figure 3, source UNHCR, 2019)

Next, it is also worth considering the age factor that distinguishes the two types of migration. In particular older people (i.e. over sixty-five

years), entering a very difficult phase of their lives, tend to commit suicide much more than younger people do. The elderly in fact experience a period of bereavement, weak physical and mental health and low self-fulfilment, as well as, unfortunately often, loneliness and poor social integration. Therefore, this factor must also be taken into account.



(Figure 4, Eurostat 2015 data)

However, with particular reference to Figure 4, it can be seen that immigration in Italy is a predominantly youth phenomenon. Young people, as mentioned above and as has been analysed by critics of suicide (Morselli 1879, Durkheim 1897 and Barbagli 2018) are less likely to commit suicide. The elderly immigrants, in Italy, represent a barely residual segment of the population. The situation does not change much with reference to Portugal (Figure 5).

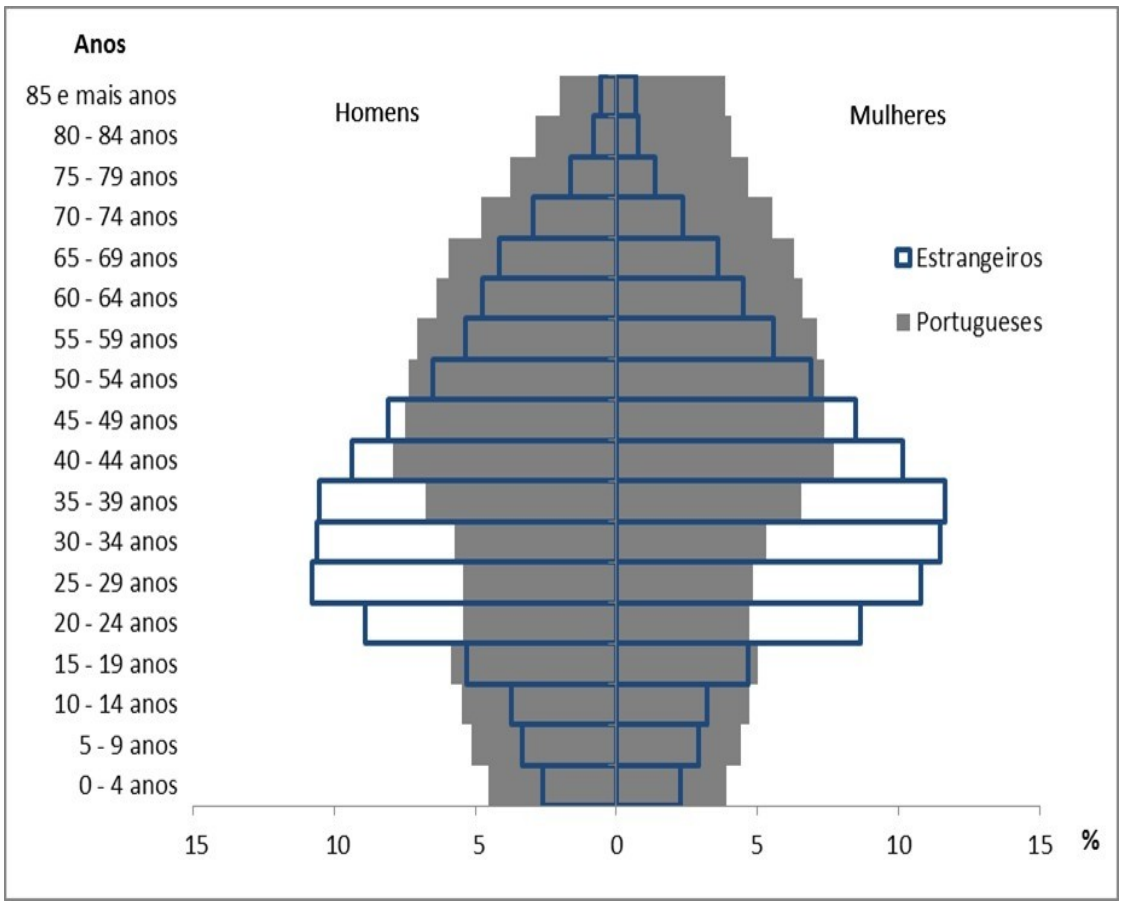
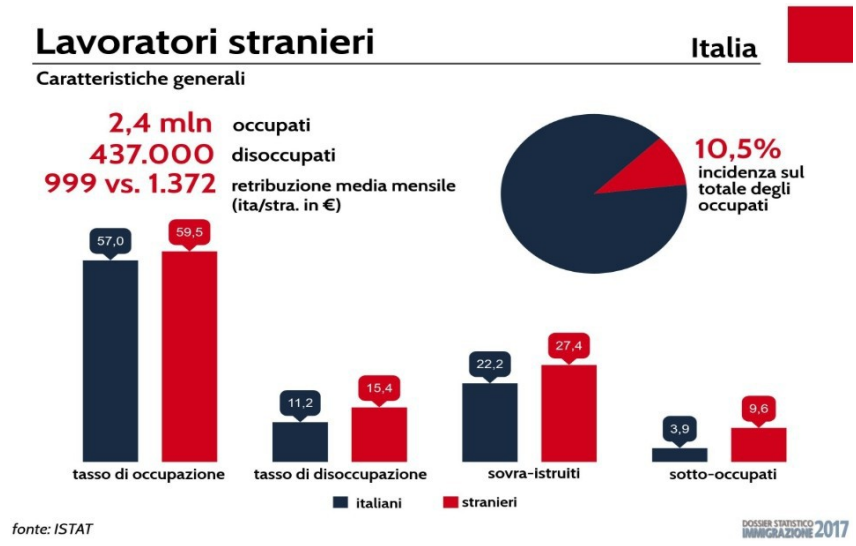


Figure 5: Source: Observatório das Migrações (C.R. Oliveira and N. Gomes, Indicadores de Integração de Imigrantes 2019. Relatório Estatístico Anual) a partir de dados do INE, Estimativas Anuais da População Residente.

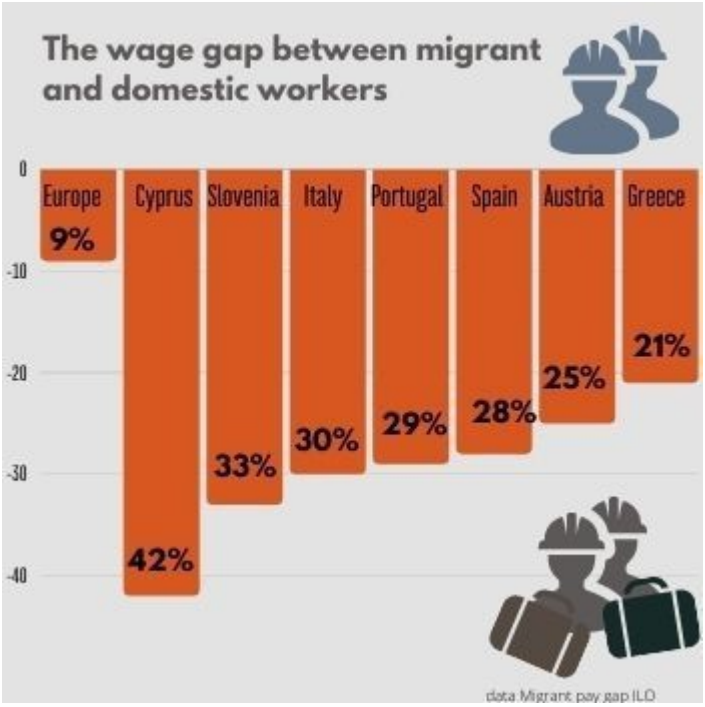
For the sake of synthesis, it is not possible to report here on the graphs and data of all the factors analysed. However, undoubtedly also important is the role of migrants' schooling and occupation, as well as their working conditions. Historical data on suicide worldwide collected by Durkheim (1897) show that as the level of education increases, the probability of suicide decreases. We have reason to believe that this finding is inferred from other factors, namely that those with higher educational qualifications hold skilled jobs, with more humane hours and in healthier and more appropriate working conditions, and therefore have more time to integrate into society and increase their level of social cohesion. Of course, migrants are no exception either. Only the studies of Morselli (1879) would seem to negate the studies of Durkheim (1897) and his successors. Morselli wrote that suicide is the consequence of an 'excessively high consumption of the brain's energy'. This explanation today appears rather general and does not do justice to all those studies on the causes of suicide, which are mostly purely social causes.

Furthermore, the level of employment undoubtedly makes one individual more fulfilled than another on the basis of Maslow's (1954) pyramid of self-fulfilment: in a nutshell, those who hold jobs at higher levels, or in the tertiary or quaternary sector, or more generally jobs that can be held after a period of high education will tend to live more fulfilled lives and thus decrease the likelihood of contracting mental illnesses such as depression, which would increase their risk of suicide.

Migrants from poorer countries, however, have unfortunately often not had the opportunity to study properly, do not possess high educational qualifications, work in low-skilled and low-paid jobs, with a gap in comparison to natives high throughout Europe, and are therefore exposed to greater health and mental health risks, and therefore more at risk of committing suicide.



(Figure 6: Istat data 2017)



(Figure 7: ILO report, 2021)

Another determinant of suicides, again from the perspective of the greater social cohesion studied and demonstrated by Durkheim (1897), is the individual's degree of participation in religious life, as well as his or her religious beliefs, are also of fundamental importance in determining the individual's suicide.

In both the Christian (particularly Catholic) and Muslim religions (i.e. the two most frequent religions among the majority of immigrants present and arriving in Italy and Portugal), suicide has been strongly criminalised, in the same way as

of murder, if not considered, at times, as even worse than the latter, and punished spiritually and socially, even on the suicide's family (Barbagli, 2003, 2009, 2018). This explanation identifies the very low suicide rates within countries with an Islamic majority (North Africa) and a Catholic majority (Southern Europe). And it is again this explanation that identifies a further deterrent to migrant suicide, counterbalancing the remaining anagraphical factors examined above.
This criterion becomes more difficult to apply in the case of people from Asia, i.e. from territories such as the Far East or Japan (Barbagli, 2018), because the deterrent function performed by religion in these nations is essentially nullified: historically, suicide has not represented a morally condemnable problem (*Ibid*.).

Undoubtedly, however, living outside one's country of origin causes less integration in family life, which decreases the level of social cohesion and increases the possibility of suicide. Measures such as family reunification (however not always applicable, depending on the countries' legislation. Italy and Portugal allow it, but under certain conditions) only diminish this gap between immigrant population and locals, without however cancelling it.
Marital status, as depicted by several researches (Durkheim, 1897, Barbagli, 2009) also plays a relevant and worthy function: it has been shown, for instance, that a widower or widow commits suicide more than, say, a married person.

Also not to be forgotten is the role played by social class and standard of living, as well as the economic situation of migrants. During the economic crisis of 2008, an increase in suicide rates was observed worldwide, and particularly in Europe, after decades in which suicide was substantially decreasing. These figures, too, cannot but make one reflect on the dubious economic conditions in which migrants often find themselves forced to live.
Particularly in large cities such as Lisbon or Milan, it is possible to denote that rental prices often exceed the wages received, causing groups of migrants to have to rent a flat, and many to live in it, leading to

a poor quality of life, trying to save for everyday expenses and to enable them to send even small remittances to their home country.
Undoubtedly, social class is also important, closely related to economic conditions but not coincidental. The influence of social class on suicide has been studied many times and is subject to variations, even important ones, which make it an important object of study in suicide cases.

Also important and not insignificant are the studies on globalisation (Bhalla, Lapeyre, 2016), which highlight how poverty causes people to reach a greater state of social exclusion (*Ibid*.). This is why it is important to contextualise the existence of individuals in order to determine their state of social inclusion.
In our globalised era, studies on the living conditions of migrants as a consequence of globalisation are still very immature and lacking empirical foundations and need further contributions.

Finally, studies on possible restrictions of freedom should not be underestimated. The measures taken by all European governments to prevent Covid-19 or to contain the pandemic have certainly caused less social integration, or loneliness, as it were, which has influenced many people's choices to commit suicide (Radeloff *et al.,* 2021) and which has probably also had a strong impact on the lives of immigrants, who have seen their already previously present social exclusion amplified even more by these measures taken, which have acted as a sounding board.
Not only the limitations of freedom due to Covid, but also those due to other infectious diseases, or the forced stay in prison, a long stay in hospital, or restrictive laws, isolation, precautionary measures, etc. can lead to less social integration. The phenomenon is also of interest in the legal sphere: not only among prisoners, but also among those on 'probation' the risk of suicide increases (Dolcini, 2016).

3. Overview of the Portuguese and Italian suicide and immigration phenomenon

Portugal and Italy are two countries that are close to each other both geographically and culturally. They are both part of the European Union and are part of Southern Europe, and the so-called PIIGS, as they have been called, due to their being at the bottom of many European statistics.

Portugal has a limited area and population and the population density is rather low: 111.5 inhabitants per square kilometre. There are four million households and female individuals are slightly in the majority. The percentage of resident migrant population is fair, but not high: 6.4 per cent. The population is among the oldest in Europe and the world, with an average age of 44.3 years. The total balance is sometimes - slightly - positive only because of the migration balance, which is always positive, while the natural balance is always negative.
Italy, on the other hand, has a territory more than three times the size of Portugal, with twice the population density and around sixty million inhabitants. The average age is very high, the highest in Europe: 45.4 years, although the country has rejuvenated slightly in recent years (-0.48%). Foreigners represent a more substantial minority than in the Portuguese case, and on average by European standards: 8.7% of residents are foreigners; this figure, however, does not take into account all the irregular or non-resident foreigners who are not considered (there have been no amnesties in Italy for a long time) and therefore the percentage can be said to be underestimated.

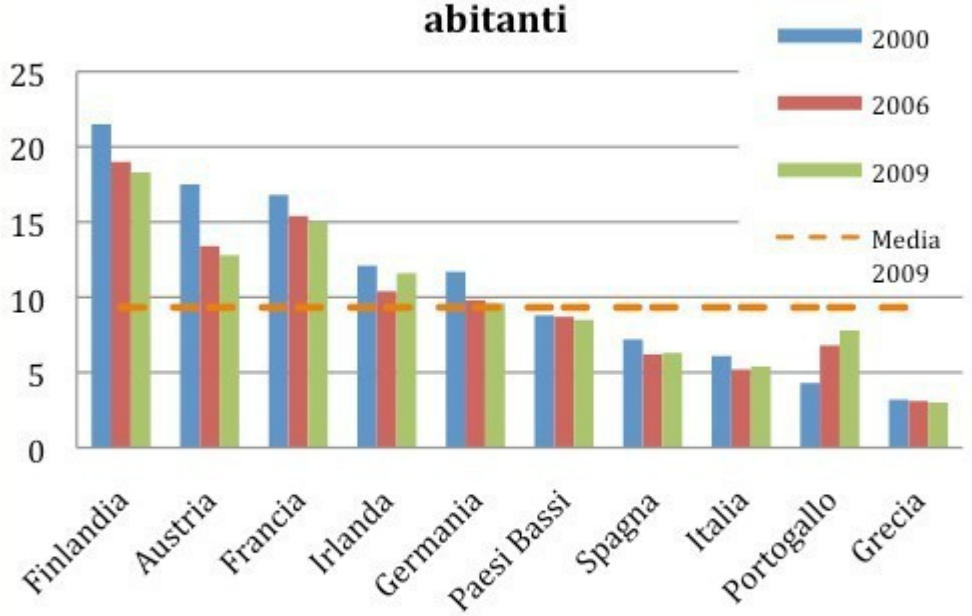
Suicide is an act aimed at ending one's own life, and is classifiable as such when there is the victim's willingness to die. If it is unsuccessful, then it is attempted suicide or attempted suicide; the latter is much more frequent, particularly in the female gender (Morselli, 1879, Durkheim, 1897).

The phenomenon of suicide is particularly confined within Portuguese and Italian territories. The explanation for this is to be found in the Christian Catholic culture, in which suicide was unequivocally considered taboo, and something to be hidden when it occurred, so as not to bring shame and discredit on the family members of the deceased suicide.

Such an act was considered the worst of sins (Barbagli, 2009). On the basis of the above evidence, it is not far-fetched to think that morality plays an important, sometimes fundamental role.

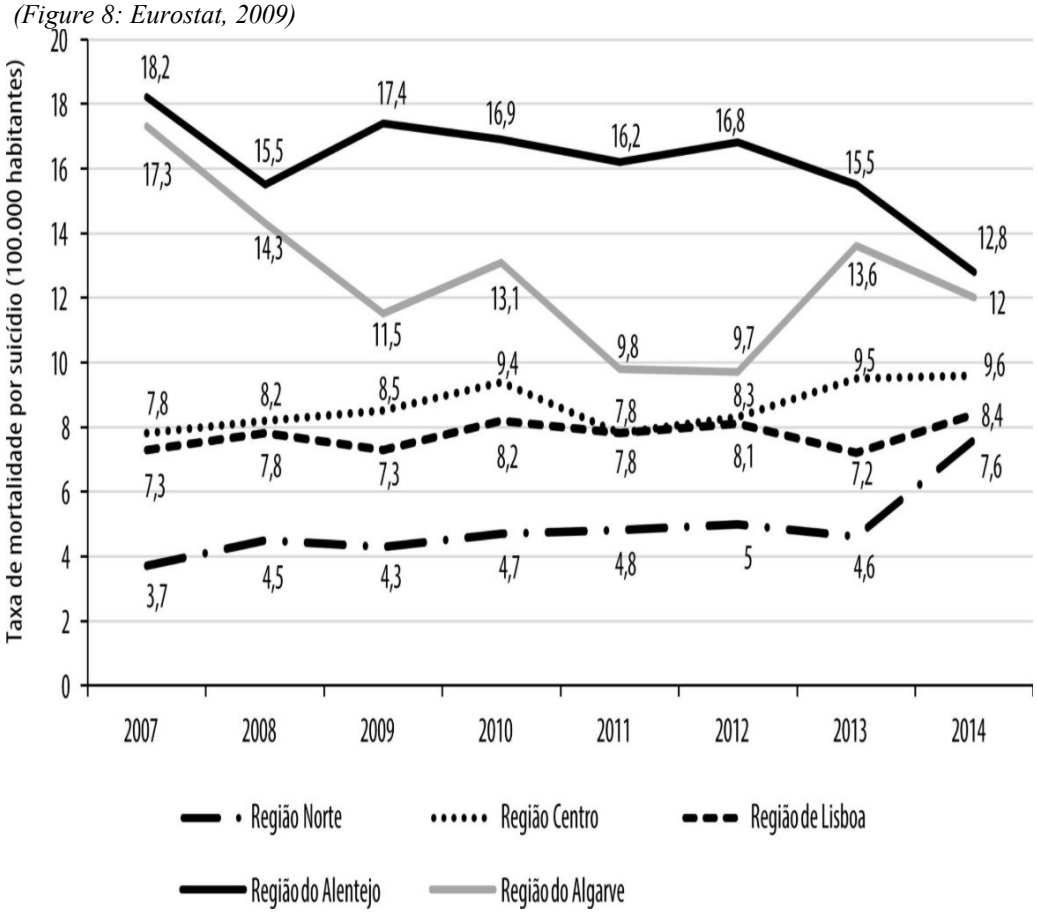
If one looks at the statistics, there is historical evidence that in countries where suicide has never been criminally prosecuted (such as Japan, for example), the rates have always been much higher than in Southern Europe. Religion, in Europe and particularly in Portugal and Italy, has historically acted as a deterrent (Ibid.). Suicide in Italy has always been - as has been said - a rather relegated phenomenon, of not very considerable dimensions if we compare it with data from the rest of Europe and the world. However, it should be added that even in the late 19th century it was, when Durkheim was carrying out his research and investigations on suicide throughout Europe: Italian rates, particularly those in the South, were always very low. The general trend observed in the second half of the 19th century - evident in Durkheim's studies - in which the probability of a person dying by suicide rose exponentially throughout Europe, Italy almost always had the lowest scores of all along with Greece and Portugal (and, more generally, the rest of Southern Europe). Goethe, in his 'Journey to Italy' could not help but notice how many murders took place (many) and how few suicides occurred in Rome, and he left wondering why. For example, a region like Calabria has always had among the lowest suicide rates in the world (Durkheim,

Figura 1: Tasso di suicidio per 100.000 abitanti



* Area Euro dal 1999 al 2001; Belgio e Lussemburgo non inclusi. Tassi standardizzati per età. Fonte: Eurostat

(Figure 8: Eurostat, 2009)



(Figure 9, Source: INE, 2015).

In Italy, although rates are much lower than in the rest of the European Union, suicide continues to be a noteworthy phenomenon, with 4000 victims per year. This means between 6 and 7 deaths per 100,000 inhabitants. The phenomenon is, however, further declining: between 1995 and 2015 there was a 14% drop in suicides (ISTAT, 2018). In 2009, suicide rate per 100,000 inhabitants was 11.8 for men, and 3 for women. In the last two decades, it is also evident that in the North-East, people are much more likely to commit suicide than in the South of Italy; in general, throughout the North, the statistics are undoubtedly higher than in the Centre and the South.

In Italy, the migration phenomenon has become, particularly in the last twenty-five years, an unbounded, relevant phenomenon, particularly in light of the international economic crisis. The crisis and indebtedness of the third and fourth worlds due globalisation, the rigid poverty regime that many people are forced to experience and the worsening of the same after the 2008 crisis have pushed more and more

large masses of people to migrate.

Italy, together with Germany, Great Britain, France and Spain, is one of the five countries with the largest concentration of foreign population. Its population is also increasingly multiethnic. If in 2008 the foreign population, compared to the Italian population, represented 6.5% of the total population, in 2019 it was 8.7% (IDOS data, 2019). In 2018 alone, more than 100,000 people acquired citizenship.

The underage foreign population is 20.2% of the total (*Ibid*.) and the over-65s are no more than 4.4%. Foreign births on Italian territory amounted to more than 60000 in 2018 alone and accounted for almost 15% of births *(Ibid*.)

However, the distribution of foreigners is uneven: more than half, 57.5%, live in northern Italy. About a quarter live in the Centre. Only 12.2% live in the South and 4.9% on the islands (IDOS, 2019).

Regarding origins, please refer to the data represented and briefly discussed in the first part of this paper.

As regards the employment of foreigners, they account for almost 18% in agriculture, 11% in industry and 10% in services. As many as a third of them work in unskilled professions (while among Italians the percentage stops much earlier, at 8.2%). Thirty per cent of them are blue-collar workers and about 29% white-collar workers. Only 7.6% have qualified professions. In contrast, 38.5% of Italians are in skilled occupations.

Women account for about 44.2% of the foreign employed, while the unemployed number about 400,000, resulting in a high unemployment rate of about 14%. Businesses run by foreigners are less than 10% of the total.

Most of the foreigners are Christians, a third of them are Muslims, and a residual percentage are other religions (first and foremost Hinduism).

Mixed marriages are a present practice, but with low percentages, around 8.1%, and, moreover, very varied percentages, increasing in the case of mixed marriages within Europe itself and decreasing a lot in the case of marriages of Italians with Asians.

Italy has a high number of foreign detainees, exceeding 20,000 in 2019

(IDOS, 2019).

The history of Portugal is certainly a history of migration. And particularly of emigration. Portugal has often been a people in diaspora, and its emigrants have reached the coasts of Brazil, Venezuela, the United States, Canada, Germany, England, etc. It is estimated that while there are (approximately) ten million Portuguese in Portugal, there are another five million Portuguese dispersed throughout the rest of the world, who have left Lusitanian territory in search of a less precarious future.

In recent decades, however, Portugal has become more and more of a magnet. Portugal was the last country in the world to abandon the system of colonialism. After the abandonment of this system, it became a country of attraction, particularly for its former colonies: Angola, Mozambique, Cape Verde, Sao Tome and Principe, Guinea, and especially Brazil. Many Eastern Europeans also entered Portugal, particularly Romanians and Ukrainians. However, for the latter, Portugal often only a transit country, i.e. a temporary stay, which serves as a bureaucratic and legal stepping stone in comparison with other European or even American countries, first and foremost the United States.

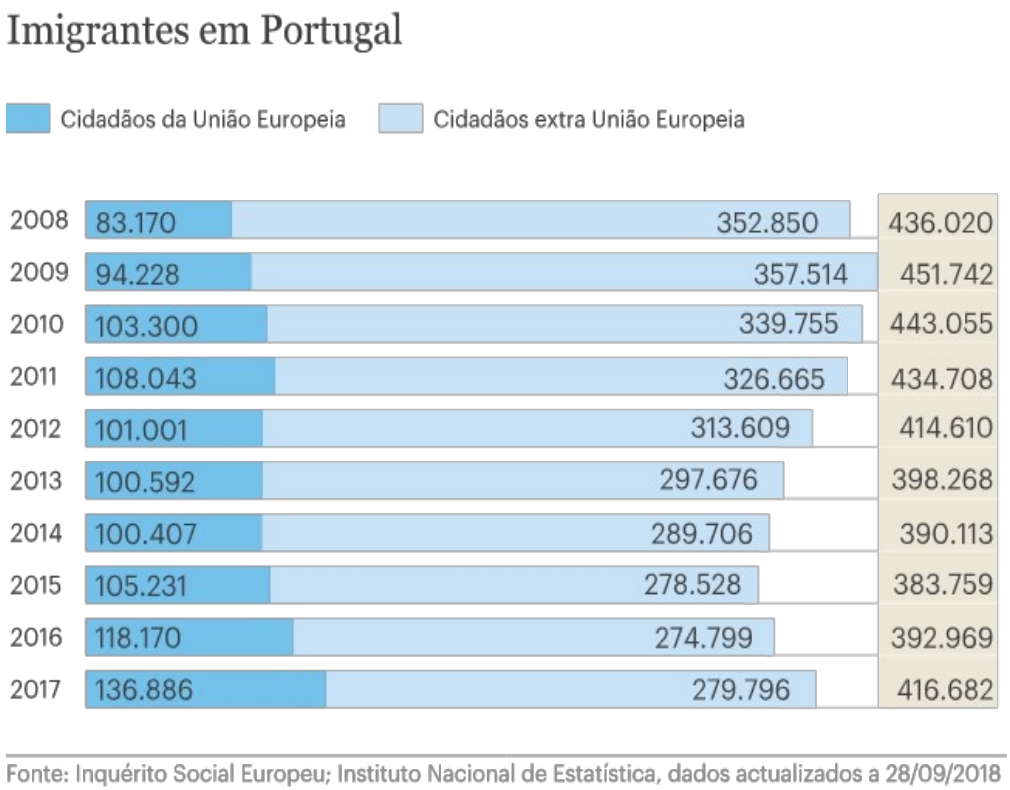


Figure 10: INE, 2018

The vast majority of immigrants in Portugal work in the flourishing construction sector, or do domestic work (especially female migrants) and general services, such as cleaning, care for the elderly, or employment in restaurants, hotels, shops, bars, etc.

4. Italian data on migrant suicides and some Portuguese cases

Suicidi - popolazione di 15 anni e oltre : *Cittadinanza*

Personalizza | Esporta | La tua interrogazione

Tipo dato	morti					
Età	totale					
Sesso	totale					
Seleziona periodo	2014	2015	2016	2017	2018	2019
Paese di cittadinanza						
Mondo	4 249	4 071	3 904	3 959	3 820	3 759
Italia	4 000	3 827	3 685	3 701	3 554	3 515
Europa eccetto Italia	155	156	129	148	126	128
Africa	31	35	20	47	58	35
Asia	27	28	32	23	40	34
America settentrionale	2	2	5	6	3	3
America centro-meridionale	9	10	13	15	11	21
Oceania	0	0	0	0	0	2
Non Indicato	25	13	20	19	28	21

Figure 11. Source: ISTAT data, 2021

With reference to Figure 11 and the ISTAT 2021 data, and taking a look at the Italian suicide situation, it can be seen that out of about 4000 suicides per year, about 150 are from Southern Europe, about 40 from Africa, about 30-35 from Asia and about 20 from the Americas. Suicides by people from Oceania are also residual in absolute numbers on Italian soil.

We can therefore, making a rough estimate, consider 250 suicides by non-Italians as the average number of suicides. This is therefore a very rounded figure of 6.25% of suicides by non-Italians within suicides.

Considering the most up-to-date ISTAT data (2019), there are about 8.7% foreigners in relation to the Italian population. It would therefore seem, at least at first glance, that the foreign community resident in Italy does not suffer from significant suicidal tendencies. Very low, however, are the suicide rates in Muslim Arab countries. They range from a low of a rate of 0.2 per 100,000 inhabitants in Jordan to a high of 3.9 per 100,000 inhabitants in Iran, the Muslim country, according to the latest available data (ILMO, 2013) from the government agency involved in statistical calculations, with the highest rate in the Muslim world. Although the data collected in the Arab world are probably

underestimates due to the stigma that the family of a suicide victim receives, it should be noted that religion acts as a very strong deterrent, particularly in theocracies, and that suicide rates, even in happier times, have always been very low throughout the Middle East. The data, therefore, although not completely reliable (as there may be fluctuations even in surveys of the Western world), are, at the very least, plausible, possible.

From this perspective, the suicides of African or Asian people in Italy exceed, although not by much, this rate.

On the other hand, the suicide rate for the rest of the European population is in line with the Italian population (around 150 out of 4,000 per year), a favourable figure if we consider that in those countries (particularly in Northern and Eastern Europe) the rates are much higher, as mentioned and as is well known.

However, there are individual cases and situations worthy of note, or suicides of migrants who, had they not been vulnerable or in given situations of harassment or discrimination, would not have committed suicide at all.

It is an alarming figure - which we will better visualise later - coming from the Turin CPR (i.e. the Permanent Centre for Repatriation), where in less than thirty days, between September and October 2021, there were as many as twenty-six suicide attempts by foreigners waiting to be repatriated, almost one per month. This figure is obviously above any reasonable average. As well as cases such as the one we will examine, of Musa Balde, who committed suicide (also in a CPR), and it was a suicide that could have been avoided with even minimally professional care, as we will see.

Therefore, as a partial conclusion of the analysed data, it can be stated that in Italy there is no statistically detectable problem of suicide among migrants, but that there are some borderline situations in which suicides and attempted suicides exponentially exceed the average, and many documented cases of suicide following forced repatriations or acts of racism recorded within Italian territory. These suicides are never taken care of by the Italian state, but rather procedures and investigations are opened, which generally never come to , and justice is never done. It is never possible to identify those responsible for the induced suicides that are so often recorded inside the CPRs. Since CPRs are essentially detention centres, they could be equated, not too forcibly, to prisons, with the difference that

In prison you know when you are coming in and you know when you are going out, whereas in the CPR this information is not given, and you do not know when you are coming out. But however you come out, it will still be a defeat, because you will be brought back to the very country from which you had, with so much effort and financial effort, and at so much risk, desperately fled. An undoubtedly sad and disillusioned return.

In Portugal, on the contrary, it is really difficult to make the same assertions as in the Italian case. It is even more difficult to even make estimates, because there are no statistics showing how many of the people who commit suicide each year in Portugal were foreigners or immigrants.

Therefore, in the analysis to be carried out on this country, it is only possible to include those data that can be deduced from newspaper articles and, more generally, from the crime chronicle. Such data, of course, are not scientific, and do not indicate the dimensions of the phenomenon, nor do they indicate statistical data.

They do, however, allow some considerations to be made, highlighting certain situations of hardship, social exclusion and failure to implement measures at government level that have caused and worsened those situations, creating real crises from which suicides have resulted. In figure 9 (third part of the paper) we can see, for example, that the Alentejo region, in Portugal, has the highest suicide rate, which may be more reminiscent of other countries than Portugal. There are news reports stating that many of the suicides that occurred were of migrants.

In a reportage by jornalismodocumental.pt, precisely the plight of the migrant community within the Lower Alentejo region is highlighted. The data reported in the reportage were collected over several months, through an immersion that could almost be described as 'ethnological' within the target group.

The working day, we learn, can go even beyond twelve hours, the conditions could therefore be equated to those of slaves, deprived of any social protection in exchange for even a small, non-regular wage (therefore often lower than the minimum wage guaranteed by the government), and, more generally, situations of absolute poverty. arrival of Covid-19 only worsened the situation within these groups, who were treated as 'cannon fodder'. Although it is well known that the lower Alentejo area of Beja is an area where

human trafficking proliferates, the institutions have never taken real action and there seems to be no will to put the issue on the political agenda of the Portuguese government. The cases reported in the reportage are many and concern people from all continents brought together by the same factor: exploitation.

Even a local politician, Manuel Narra has pointed out and denounced several times that up to a hundred people can live and work in the same workplace, or up to thirty can live in the same flat. Migrants also started to raise their voices, but were never heard.

In addition to petty theft and the gimmicks some of the migrants live on to survive in these conditions, it is also quite common to observe forced prostitution activities.

Several times, people have been found inside migrant camps who have died violent deaths. Sometimes they are classified as suicides, sometimes not. Sometimes, some voices interviewed in the report suggest, they are murders. In any case, these are all deaths that could be avoided through prevention and through a different control of these uncomfortable situations, when there is still no political will to change things.

However, detention camps do not only exist in Italy, but also in Portugal, Spain and many European countries. The UN human rights guarantors demanded in December 2021 that European states start respecting human rights and stop putting people in detention camps, which do not correspond to human rights standards.

> "As pessoas não devem ser tratadas como criminosos apenas por cruzarem irregularmente a fronteira de um Estado ou por não terem a documentação adequada", defendem, sublinhando que "a detenção em massa dessas pessoas não pode ser uma medida de controlo da imigração".
>
> F. Gonzalez Morales, UN Secretary Human Rights

The expert emphasises the importance of treatment. Non-criminal persons cannot be detained as if they were criminals.

Minors are also sometimes placed in detention centres, a practice

which should, instead, be banned as it does not help minors, and indeed does not offer dignity, humanity and physical and mental health.

The debate, therefore, continues in a similar way in the rest of the EU states.

To give a more dated example, in July 2018 sixty-nine people from Afghanistan were detained illegally and contrary to the decisions of the German government itself (they were detained at the behest of Minister Seehofer). One of them committed suicide as soon as he returned to Afghanistan.

The Portuguese government's National Suicide Prevention Plan, valid for 2017/2020, considers the following as target groups: a) the general population; b) health professionals such as doctors and nurses; c) adolescents; d) the elderly;

e) Prison inmates; f) Law enforcement; g) LGBT community; h) People with intellectual disabilities; i) Other groups.

Therefore, neither migrants, nor immigrants, nor foreigners in general are mentioned, despite the clearly difficult situations and the multiple suicides of migrants recorded in the cities and towns of the Bas Alentejo.

In the risk factors of the National Suicide Prevention Plan itselfage, gender, marital status, occupation, urban and rural , self-harming behaviour and previous suicide attempts are highlighted. But also mental illnesses, personality weaknesses, physical illnesses, family history, neurobiological factors etc. Socio-cultural factors also include stigma, cultural value, attitudes, social isolation, barriers in accessing the health care system, media influence. Situational factors include unemployment, access to lethal weapons and negative events in one's recent life. Once again, therefore, no mention is made of the migrant community. But neither is the poor, needy, homeless, or exploitative community mentioned. The Plan is seriously flawed, and in particular with reference to the sociological theories analysed previously (Morselli 1879, Durkheim 1897, Barbagli 2003, 2009, 2018), it seems to fail to take into account many of the social factors that determine people's suicide. It does not even mention social cohesion. Particularly excluded are foreigners, who are those who suffer most from the propensity to suicide due to poor social cohesion, as in the cases listed above. Not having a National Plan that considers the migrant community

means generating further exclusion and also means a non-intervention to remain as such.

Quadro 4.2. Proporção de óbitos por causa de morte mais frequente, segundo a naturalidade, em Portugal, em 2016 (%)

Principais Causas de Morte	Total	Portuguesa	Estrangeira UE	Estrangeira extra-UE
Doenças do aparelho circulatório	29,6	29,6	31,7	27,7
Tumores malignos	24,7	24,4	24,2	31,3
Doenças do aparelho respiratório	12,1	12,3	9,0	7,6
Doenças cérebro-vasculares	10,6	10,6	7,2	9,7
Doença isquémica do coração	6,6	6,5	13,3	9,0
Outras doenças cardíacas	6,6	6,7	4,7	4,0
Sintomas, sinais, exames anormais, causas mal definidas	6,1	6,2	6,5	5,6
Pneumonia	5,4	5,5	3,4	3,0
Doenças endócrinas, nutricionais e metabólicas	5,0	5,1	2,4	3,9
Doenças do aparelho digestivo	4,5	4,5	5,2	4,6
Causas externas de lesão e envenenamento	4,4	4,2	11,9	6,6
Diabetes mellitus	3,9	4,0	1,4	2,7
Doenças do sistema nervoso e dos órgãos dos sentidos	3,5	3,5	2,4	2,7
Perturbações mentais e do comportamento	3,3	3,4	2,3	2,2
Doenças do aparelho geniturinário	3,1	3,1	1,9	2,0
Doenças crónicas das vias respiratórias inferiores	2,7	2,7	2,4	1,9
Acidentes	2,6	2,5	6,8	3,9
Causas desconhecidas e não especificadas	2,4	2,4	3,9	3,9
Doenças infeciosas e parasitárias	1,8	1,7	1,9	4,0
Doenças do rim e ureter	1,6	1,6	1,3	1,1
Doença crónica do fígado	1,1	1,0	1,9	1,5
Suicídio e outras lesões auto-infligidas intencionalmente	0,9	0,9	1,8	1,3
Quedas acidentais	0,7	0,7	1,1	1,1
Acidentes de transporte	0,7	0,6	2,5	1,3
Lesões em que se ignora se foram acidental ou intencionalmente infligidas	0,6	0,6	2,6	0,8
HIV/SIDA (doença por infeção pelo vírus humano de imunodeficiência)	0,3	0,2	0,5	2,1
Total de óbitos (N)	**110.970**	**106.310**	**1.232**	**3.428**

Fonte: INE – Óbitos por Causas de Morte (sistematização e cálculos das autoras). Nota: 2016: Dados provisórios.

Figure 12. Source: INE, 2016. Within: Migrant Integration Indicators 2021, C. Reis Oliveira, Lisboa. In: 'Immigration Collection in Numbers. Migration Observatory'.

However, although data on suicide by nationality in the Portuguese territory are absent, other data are present, namely those referring to Figure 12 (INE 2016 data), with percentages on causes of death. We note under the heading of suicide that, while suicide is the cause of death for 0.9% of Portuguese, the percentage doubles in relation to immigrants from the rest of Europe, and remains higher even in the case of non-European immigrants (1.3%), symbolising that the phenomenon (although it may be influenced by other inferential data) is far more felt within the foreign community, which is more likely to commit suicide and, evidently, has less access to the 'prevention' factor, which does not even consider them as a category worthy of note within

of Health Plans.

Moreover, if we consider this immigrant community as particularly young, as actually analysed within the statistical data, suicides should on the contrary be a much rarer phenomenon, whereas the trends prove the opposite. That is, the data, this time, unlike the Italian situation, show us that suicide among migrant communities in Portugal is a relevant and detected problem.

5. Case study: CPR and Musa Balde.

In May 2021, inside the Permanence Centre for Repatriation in Corso Brunelleschi, Turin, Italy, a Guinean boy of only twenty-three years old, corresponding to the name of Musa Balde, committed suicide.

The affair is particularly distressing and scandalous because just a few weeks earlier Balde had been the victim of a very violent beating in the small French border town of Ventimiglia.

Balde was accused of stealing a phone (a fact which, among other things, has never even been proven nor have any suspicions or possibilities arisen) was savagely attacked by three Italians of varying ages just outside a supermarket.

The attack was filmed from a balcony and the video immediately went viral. The person recording screamed that they were killing him. Thanks to the video, the attackers were identified, but left at large.

Balde was promptly rescued and hospitalised, but was discharged with several wounds still open; he was therefore discharged earlier than expected. However, once out of hospital he was not released, but was placed in solitary confinement (as if he were the criminal or as if he had been the aggressor) in the Turin CPR where he later took his own life. The reason for this drastic decision would be his expired residence permit, which soon earned him an expulsion decree.

His lawyer Balde asked - as the lawyer reported - :

> "I can't stay locked up in here any longer: how long before I get out? Why have I been locked up?"
> Musa Balde, two days before his suicide.

Musa Balde was a well-known person within the province of Imperia, and no one reported badly about him. In a video that appeared in a local newspaper (Sanremonews.it), one can hear Musa recounting his testimony of migration, of having just arrived in Italy, of wanting to study and work at the same time. He also declares that he supports Roma and already has a secondary school leaving certificate.

Difficult, therefore, to consider him a thief. But even if this were the case (and there is no evidence

some showing this) this would not justify the absence of treatment for the young man, who had every right to it, and who also requested it several times within the CPR.
Nor is it justifiable how professionals such as those in the migration camp failed to notice his serious condition, including his psychological condition, and how the reports of his lawyer were, in essence, ignored.

However, the case of Musa Balde (which again is the case of a suicide that could have been avoided, was caused by the factors of immigration, racism, violence and lack of access to the health and legal system) is but one of many that could have been counted. Guarantor Mauro Palma, for example, has visited all the CPRs in Italy several times between 2019 and 2020, highlighting their critical situations, as well as uselessness and inadequacy of these centres, for reasons we have already mentioned here.
In Italy, five migrants have already died inside CPRs between June 2019 and December 2020. Attempted suicides, on the other hand, have been many more, reaching even numbers of about one per day in each Italian CPR.

7. Proposal for a sociological autopsy in the case of migrant suicide on European soil

Scholars in the social sciences who have dealt with suicide have tried to highlight the existence of a method for studying it.

In recent times, a new approach to the study of suicide has been proposed by some researchers: the sociological autopsy (Fincham, 2011).

If we combine the term 'autopsy' with the term 'sociological' then we obtain a definition, obtained by deduction, which could be as follows: study, examination and analysis of the social and sociological causes that led to death.

In Europe, however, studies on sociological autopsy are still embryonic. The first studies come from the United States, along with the aforementioned work by Fincham.

In the following years Fincham would deepen his discourse through other works (Fincham 2012), reviewing a series of deaths whose causes are social. Nevertheless, Fincham's work is not theoretical, or even methodological, it is, more simply, an 'approach', as the author himself defines it.

The sociological autopsy does not replace the traditional medico-legal autopsy. Rather, it is an integrated model: the sociological autopsy must be performed in conjunction with the medical autopsy, i.e. in an integrated manner. Even now, it is customary in the United States, when analysing certain suspicious deaths investigated by criminologists, to carry out a psychological autopsy alongside the medico-legal autopsy, which reconstructs the psychological profile of the dead person.

The sociological autopsy, on the other hand, does a different job: instead of reconstructing through traces the psychic life of the victim, it rather attempts to interview people close to the victim, such as family members and friends, making a reconstruction of the level of social cohesion of the deceased individual's social life, since, of course, it is not possible to interview the victim himself.

Studies on psychological autopsy, however, focus on the experience of psychological autopsy. And in particular to the actual applications had during the 1990s in case studies and empirical investigations carried out in Cuba (Garcìa Perez 1998, 1999; Garcìa Perez and Rojas Lopez, 1995, Garcìa Perez, Palacio, Diago, Zapata, Rojas Lopez, Ortiz, 2008). The models of sociological autopsy developed by more recent scholars (Bonicatto,

Garcia Perez, Rojas Lopez, 2006) base their structure on previously formed models (Shneidman, 1961, Young, 1992) and form the so-called M.A.P.I., i.e. the 'Modelo de autopsia psicologica integrado', developed in Cuba between 1990 and 1996 and improved and supplemented in the following years.

In the eyes of a non-social scientist or criminologist, this practice may be of no use. On the contrary, it has been shown (Bonicatto, Rojas Lopez, Garcia Perez, 2006) that clarification of the causes of death can lead to a different death from the one that all the evidence suggests after a normal medical autopsy: what may appear to be a suicide may have been a wilfully organised murder. Or vice versa. The cases that can be mentioned could be many.

However, the M.A.P.I. model takes into account the predominantly psychological and psychic causes of suicide, whereas it has been repeatedly shown that the causes of suicide are predominantly social causes (Morselli, 1879, Durkheim, 1897, Barbagli, 2003, 2009, 2018) and therefore the sociological autopsy fills this gap.

In the case of the migrants who died violent deaths Portugal, Italy and rest of Europe, a valid sociological autopsy of their deaths could shed light on some truths that cannot be seen through a medico-legal autopsy. It could also be a valuable tool to suggest to politicians and legislators what measures and policies to work on and what political agenda - therefore - to determine.

On the basis of the data provided in the other parts of this paper and on the classical causes of suicide, it is possible to develop a sociological autopsy model that indicates the points to be investigated in place of interviews with relatives and friends of the deceased, especially in suspected cases of suicide or, more generally, in violent deaths.

1) Master data.

It is indeed proven, and has also been pointed out several times within this same paper, that factors such as gender and age are decisive.
As was also mentioned in the Health and Suicide Prevention Plan of the

Portugal, it is also important to assess people's marital status: widows and widowers tend, for example, to commit suicide much more than married people.
Furthermore, ethnicity must be taken into account, as well as the culture to which one belongs, since there may be deterrents in this (e.g. religion), or factors encouraging suicide (e.g. belonging to collectivist societies, or coming from cultures where suicide has never been criminalised.

2) Schooling and employment.

In fact, it has been shown that highly schooled people tend, based on recorded historical data, to commit suicide less. Immigrants in Italy and Portugal, being substantially in the majority with low schooling, are therefore more exposed to suicide and to the risk of attempting suicide, due to all the factors that derive from low schooling: tendency to ghettoisation, undeclared work, low paid work, exploitation, poverty, social exclusion.
Moreover, those who are poorly educated are more likely not to achieve a high level of self-fulfilment (Maslow, 1954) and are therefore more at risk of committing suicide.

3) Religious and spiritual beliefs.

Religious participation within one's own society leads to a higher degree of social cohesion, as Durkheim (1897) already pointed out. An immigrant of Muslim faith in Europe might find it difficult to practise his religion, to attend places of worship on the holy day (which is Friday, a working day in Europe) or to remain in contact with his home world. His social cohesion could thus crumble.
However, religion, even in the difficulty of being practised, undoubtedly plays a deterrent role for the reasons already mentioned, namely, first and foremost, the historical criminalisation that Western religions and societies have made of the suicide phenomenon (Barbagli, 2018).

4) Family situation: relationships and degree of integration with the family.

Good relations with one's family also lead to an increase social cohesion (Durkheim, 1897), i.e. a lower probability of committing suicide.
In the case of migrants, however, family relationships may be more complicated for

distance, which means at least a quantitative (but often also qualitative) reduction in interpersonal relationships. Even if family reunification were to take place, however, a state of fragmentation would remain, with two parts of the family divided into two separate countries.
It is important, especially in the case of suicide, to analyse the level of integration of the deceased migrant's family life.

5) Social class and standard of living. Economic situation.

As seen during periods of particularly severe economic recession, such as the severe economic crisis that afflicted the entire world in 2008, the number of suicides increases, historically in the data the figure has fluctuated.
In the case of migrants, as extensively visualised during the paper, they are unfortunately often involved in a low standard of living, very often below the threshold of dignity, in conditions of absolute poverty and without respect for basic human rights. Analysing the economic situation of the deceased migrant is therefore of great importance.

6) Attendance at other social institutions

Again from the point of view of social cohesion, the more the migrant can be included in the attendance of other social institutions, the more suicide can be avoided. Day care centres, social aggregation centres, bars, places that can be reached after work, where people can get to know each other and feel more integrated into the territory are absolutely positive.
On the other hand, total institutions are - generally - negative. An imprisoned migrant, although placed in an institution, will not feel more immersed in the society in which he or she finds himself or herself. Even boarding schools, hospices and long-stay hospitals do not help at all (Durkheim, 1897), just as clubs, casinos, gambling places, offices, courts, places of bureaucracy can also sometimes turn into negative relations.

7) Details of death and police reports, assessment of intent

Criminologists and scholars conducting psychological autopsies are particularly focused on these aspects.

As mentioned, one cannot do without these details, which are important details. Even the sociological autopsy in the case of suicide must take them into account and consider them.

In particular, depending on the means chosen to commit suicide, it is possible to make probabilistic estimates: sociologically, the study of the choice of means is relevant because it characterises different types and different taxonomies of suicide: the female population, for example, prefers suicide methods that are free of disfigurement of the body, and in particular the face (such as drowning, poisoning, etc.).

A particularly unusual method used by the migrant who practised it might suggest an accident rather than suicide.

8) Analysis of written traces left behind

Examining written traces is of fundamental importance in determining the assessment of intent, as well as a further element in understanding whether an alleged suicide was actually a suicide (Bonicatto, 2006). Certainly in the most blatant cases, such as notes left at the suicide scene communicating goodbyes or death wishes are certainly traces that are impossible to ignore. Nevertheless, one cannot refer to these entirely (otherwise the sociological autopsy would make no sense), since, for instance, an obvious case of suicide in which a suicide note is present could have been planned and could constitute a case of murder: the victim could have been forced to write the note, and then killed, precisely in order to stage a suicide and throw off the investigation. In this sense, a graphological investigation may also be useful: the handwriting may certainly be that of the victim, but the altered state of the victim may be legible in the features. Submitting these documents then to the study of family and friends may reveal the congruity (or otherwise) of the writing style. Apart from the case of suicide notes, other traces are also important: for instance, diary or letter writing, which might bring out certain intentions. But also messages on apps such as 'Whatsapp' or 'Messanger' may be relevant and therefore the object of study.

9) Social stressors: expectation and non-acceptance

Not being accepted by one's family or an important social group, or being subjected to social exclusion undoubtedly leads people to an increased risk of choosing suicide. Migrants are, of course, also exposed to this danger. Indeed, precisely because they are a minority community, they are further exposed to this risk.

10) Presence of disease and disability

The presence of illnesses and handicaps make people more at risk of suicide.

This fact is a reality in itself, but it can also become an object of sociological study because of the perception of the disease. The subject is very broad, and can be concretised with the aid of a few explanatory examples (without any claim to being exhaustive): a) On the perception of the disease: the contraction of a sexual disease, for example, a particular object of shame; b) The role of fear: as pointed out in chapter two during the first months of the pandemic many people committed suicide for fear of having Covid or after learning that they had tested positive for the swab. In these cases, the fear of having infected others, and of being a cause of suffering for others, is evident. Suicide in this case could be categorised as a contemporary form of altruistic suicide; c) a handicapped person who is discriminated against in certain social institutions, such as schools; d) a handicapped person whose environment is not structured in such a way as to make his or her existence excessively difficult; e) the case where, in a society where there is no public healthcare, an individual commits suicide in order not to burden relatives excessively in terms of financial expenditure. Those listed above are only a few examples, albeit current ones. The list could go on and on, which is also why it is important to study the individual's health history and current state of health at the time of death. Also of interest, again for the purposes of this study, is the analysis of public health conditions, which may themselves influence whether or not a suicide is chosen. In the case of migrants, access to public health in European countries is often complicated, particularly if the migrants are not legal: as in the case analysed in the last section, that of Musa Balde, turning to or being forced to resort to public health could lead to conditions of irregularity, and could therefore result in detention, denial of treatment and

even, in many cases, repatriation.

11) Sexual orientation

Barbagli (2009; 2018) pointed out how sexual orientation studies are still primordial and immature, but that they are an important field of investigation. There have been tragic cases in the news of adolescents committing suicide because of their homosexuality. Obviously, this is a social cause: an individual does not commit suicide because he or she is homosexual (or a member of the LGBT+ community), but because of the social implications of this, first and foremost discrimination, particularly in young people. The topic is wide-ranging though still little studied.

A Swedish study (Björkenstam et al., 2016) shows that in the Scandinavian country homosexuals commit suicide three times more often than heterosexuals, while another study (Gronningseter, 2016), this time from Norway, that 11 per cent of homosexual or bisexual men have attempted suicide at least once in their life, and 13 per cent in the case of women. In the case of heterosexuals, on the other hand, the figure is much lower, at around 3 per cent. Even in Denmark, the figures are alarming (Mathy et al.), homosexual couples commit suicide eight times more often than heterosexual ones. Such studies only exist in Scandinavia, i.e. precisely in those countries where there is less discrimination against the LGBT+ community. There is reason to believe, therefore, that such studies are important and should be included in a sociological autopsy.

Even more acerbic are the studies on transsexuality, whose data are, however, alarming (Ntds, 2009), where even in the USA 40 per cent of transsexuals who identify as women have attempted suicide; this percentage reaches 45 per cent for people who perceive themselves as 'trans' or 'transvestite'. According to these data, the phenomenon is also on the rise.

In the case of migrants, their minority status and exclusion, when combined with an additional factor such as their non-heterosexual sexual orientation, can further worsen the situation of their social cohesion.

12) Political orientation and degree of integration

Durkheim (1897) identifies participation in political life as a further element in promoting social inclusion and decreasing suicide (*Ibid*.).

However, migrants are very often lacking in this integration as they very often do not participate in the political life of the country they live in, but in the country of origin, from which they are far away. They cannot, therefore, campaign. Even if they are involved in the country of residence, they still cannot vote, which makes their participation severely mutilated, at least they adopt citizenship, a process that is particularly slow and cumbersome in Italy.

13) Environment and geographical area

In the course of the paper, it was pointed out several times how an individual's ethnicity can influence - for very different reasons - an individual's choice to commit suicide.
The area of residence - and one's degree integration into the reality of that area - must also be considered and is relevant.

14. Membership of subcultures or subcultures

Belonging to certain groups in which one feels accepted and recognised decreases the likelihood of suicide (Durkheim, 1897). Nevertheless, there are also further implications of belonging to minority cultures, namely that it increases the risk of exclusion in majority groups. This very often leads to reduced social integration.

15. Assessment of social inclusion status

The aforementioned studies on globalisation (Bhalla, Lapeyre, 2016) point out that poverty makes people more likely to socially excluded (*Ibid*.) and, consequently, also to be socially poorly integrated (Durkheim, 1897).
For these reasons, it is of paramount importance to contextualise the existence of individuals in order to determine their social inclusion status, also with regard to the era in which they live (and how in different eras the data on suicide changes).
In the case of migrants, in particular, who are a consequence, often, of globalisation, studies precisely on globalisation and poverty as well as *push factors* are of paramount importance.

16. Study of possible restrictions of freedom

Mention has already been made, albeit hastily, of the great impact of the pandemic

due to Covid-19 on the migrant community. More generally, the impact of Covid-19 caused an alteration to increase suicide rates (Radeloff *et al*., 2021).

However, studies on Covid-19 are still in their infancy and need more data to be confirmed or to allow for deeper considerations.

It is not only the pandemic that has caused restrictions on freedom.

Restrictions of freedom also occur, in the case of foreigners, through reduced access to rights or absence of human rights, guaranteed, by contrast, to the local population.

Forced confinement in prison or long stays in hospital also sanction severe limitations of freedom, as do, in other cases, restrictive laws, solitary confinement, probation, etc.

17. Situations of domestic and non-domestic violence

One of the impacts observed everywhere and also caused by the pandemic (see point 16) was undoubtedly the increase in cases of domestic violence, and in particular gender-based violence. In fact, exponential increases in the number calls received by domestic violence listening centres have been observed.

The increase in violence can affect suicide rates, as it sanctions less access to human rights.

Problems experienced outside the home can also be relevant. For example, cases of bullying at work, or bullying and cyber-bullying in the case of younger migrants. These cases can be closely related suicide (Di Giacomo *et al*., 2013, Bartholini, 2012), just as cases of stalking are correlated with suicide, although studies are more primordial (Bartholini, 2012).

Migrants may also encounter instances of racism in the workplace (or at school) and exacerbation of the prejudiced conditions to which they are subjected every day within European society.

18. Assessment of access to help, support and prevention services

Prevention, if carried out effectively, can bring down suicide rates (Ballantini, 1999). It is also important to assess, as mentioned, the state of access to (primary) health and mental health services.

19. Harassment

Harassment can come from institutional environments, such as legal institutions with lawsuits, courts, lawyers and expenses, or it can come from taxation bodies, when wages are low and further reduced by the payment of taxes. Harassment can also come from debts, or insolvencies in terms of rents, which, particularly in Portugal, are very expensive when compared to the minimum wage, which, as we have seen, is often not even reached by migrants.

20. Changes in social habits and lifestyle

An important indicator in the determination of suicide is that of any changes taking place in the individual's life. Therefore, also in this case, it is necessary to resort to a review of the history of the last days and weeks of the individual's life.

Conclusions

Italy and Portugal present a rather changeable migratory picture and a suicide phenomenon relative to their population, within their territories, which is rather limited when compared to the rest of the European Union countries.

The conditions in which migrants live are, however, often very poor, below the absolute poverty line, with irregular work contracts and in undignified housing conditions, and human rights are often not even respected.

Numerous cases of suicide have been recorded within the migrant community and, in particular, the Portuguese figures give cause for concern.

In both Portugal and Italy, the detentions (illegal according to the UN) of migrants, who repeatedly end up committing suicide or attempting suicide, as often happens inside the Italian CPRs, are worrying.

In order to better understand such violent deaths and to have more real figures on the phenomenon of suicide among migrants, further empirical analyses will be needed, which could be more reliable if, when a violent death occurs, a sociological autopsy (joined to the medico-legal autopsy) is carried out to assess whether or not that death may - or may not - have been a suicide, regardless of what the medical autopsy or police reports say.

The sociological autopsy can be adapted *ad hoc* to migrants and in particular to those risk factors that determine their likelihood of suicide, which can be summarised in twenty points, which basically take into account their biographical data, their culture of reference, their lifestyle, their working conditions, but above all their state of social cohesion within the territory in which they find themselves immersed.

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